

# State Center Community College District

Dental Care Highlight Sheet



## Plan 1: Dental Plan Summary

Effective Date: 10/1/2024

	<b>In Network</b>	<b>Out of Network</b>
<b>Plan Benefit</b>	Initials @ 70%	Initials @ 70%
<b>Type 1</b>	70/80/90/100%	70/80/90/100%
<b>Type 2</b>	70/80/90/100%	70/80/90/100%
<b>Type 3</b>	50%	50%
<b>Deductible</b>	\$0/Calendar Year Type 1,2,3	\$0/Calendar Year Type 1,2,3
<b>Maximum (per person)</b>	No Family Maximum	No Family Maximum
<b>Allowance</b>	\$1,750 per calendar year	\$1,500 per calendar year
<b>Waiting Period</b>	Discounted Fee	90th U&C
<b>Annual Eye Exam</b>	None	None
<b>Annual Open Enrollment</b>	None	None
	Included	Included

# State Center Community College District

*Dental Care Highlight Sheet*



## Ameritas Information

**We're Here to Help**

This

